

# CERTIFICATE OF ASSUMED NAME – CO-PARTNERS

In accordance with § 59.1-69 of the *Code of Virginia*, 1950, as amended, we hereby certify that we are conducting business in the Commonwealth of Virginia under an assumed or fictitious name as follows:

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
(City, State & Zip)

**Nature/Type of Business:** \_\_\_\_\_

_____ <b>Owner Name (Please Print)</b>	_____ <b>Owner Signature (Please Sign)</b>		
Residence Address	City	State	Zip
Post Office Address (if different from above)	City	State	Zip
_____ <b>Owner Name (Please Print)</b>	_____ <b>Owner Signature (Please Sign)</b>		
Residence Address	City	State	Zip
Post Office Address (if different from above)	City	State	Zip

## OFFICE USE ONLY

Commonwealth/State of \_\_\_\_\_

City/County of \_\_\_\_\_

Subscribed and sworn to/affirmed before me on this date by the above-named person(s).

_____ Date	_____ <input type="checkbox"/> CLERK <input type="checkbox"/> DEPUTY CLERK <input type="checkbox"/> NOTARY PUBLIC My Commission Expires: _____
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VIRGINIA:

In the Clerk's Office of the Circuit Court of the County of Chesterfield, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, this certificate was presented and admitted to record at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

**Teste: Judy L. Worthington, Clerk**

**By: \_\_\_\_\_, Deputy Clerk**